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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

SEP 1: 7000

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number:	3235-0076				
Expires: September 31, 2008					
Estimated average	e burden				
hours per respons	se 16				

SEC USE ONLY						
Prefix.	Serial					
DATE RE	CEIVED					

Name of Offering ([] check if this is an amendment and name has changed, and inc Eyetech Inc Issuance and Sale of Series A Voting Common Stock	dicate change.)
<u> </u>	X] Rule 506 [] Section 4(6) [] ULOE
Type of Filing: [X] New Filing [] Amendment	
A. BASIC IDENTIFICATION	N DATA
1. Enter the information requested about the issuer	-
Name of Issuer ([] check if this is an amendment and name has changed, and indicate Evetech Inc.	e change.)
Address of Executive Offices (Number and Street, City, State, Zip Code) 140 East Hanover Avenue, Cedar Knolls, NJ 07927	Telephone Number (Including Area Code) (770) 642-7258
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Pharmaceuticals	PROCESSED
Type of Business Organization [X] corporation [] limited partnership, already formed [] business trust [] limited partnership, to be formed	[] other (please specify): SEP 2 2 2008

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date is was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.



A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

		f corporate issuers and of corporate issuers and of corporate issuers.	orporate general and mana	ging partners of p	artnership issuers; and
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, i Bettis, Steven B.	f individual)				
Business or Residence Addre c/o Eyetech Inc., 140 East H	•	· · ·			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, i Blary, Scott	f individual)				
Business or Residence Addre c/o Eyetech Inc., 140 East I	•	-			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and St	treet, City, State, Zip Code))		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, i	f individual)				<u> </u>
Business or Residence Addre	ess (Number and Si	treet, City, State, Zip Code)	1		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Si	treet, City, State, Zip Code)	1		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, i	f individual)				<u> </u>
Business or Residence Addre	ess (Number and Si	treet, City, State, Zip Code)			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, i	f individual)				<u> </u>
Business or Residence Addre	ess (Number and St	treet, City, State, Zip Code)	<u>. </u>		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, i	f individual)				<u> </u>
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)	1		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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Full Name (Last name first, i	f individual)				
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Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, i	f individual)				3.0
Business or Residence Addre	ess (Number and SI	reet, City, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)		
	(Use blank s	theet, or copy and use addit	tional copies of this sheet,	as necessary.)	

B. INFORMATION ABOUT OFFERING

1.	Has the	issuer so	d, or does t	he issuer in	tend to sell.	to non-accr	edited inve	stors in this	offering?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***********	Yes	No [X]
			-,					n 2, if filing					. ,	. ,
2.	What is	the minir	num investi	nent that wi	II be accept	ted from any	/ individual	?		••••			\$N/A	
		aa :				1.0							Yes	No
		_	-					aid or given					[]	[X]
	similar an asso broker	remunera ciated per or dealer.	tion for soli rson or age If more th	citation of p nt of a brol	ourchasers i ser or deale persons to l	n connection r registered	n with sales with the S	of securities SeC and/or persons of	s in the offe with a state	ering. If a poor or states,	erson to be list the nam	listed is e of the		
Fuli	Name	(Last nam	e first, if in	dividual)										
N/A														
Bus	iness of	Residenc	e Address (Number and	l Street, Cit	y, State, Zip	Code)							
Nar	ne of A	ssociated	Broker or D	Pealer		-								
Stat	es in W	hich Perso	on Listed H	as Solicited	or Intends	to Solicit Pu	ırchasers							
										•••••			□ All	States
	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(II	-
	_] [T]	(IN) [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	(M { P.	•
[R		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]		Rj
			e first, if in		1 Street. Cit	ty, State, Zip	Code)							·
		Robidone	(2 2.1 001, 011	.,, 2, 2	, 2000,							
Nar	ne of A	ssociated	Broker or D)ealer	,									
Stat	es in W	hich Pers	on Listed H	as Solicited	or Intends	to Solicit Pu	ırchasers							
(Check '	'All States	" or check	individual S	tates)						•••••	•••••	□ All	States
-	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[]]	
	L] IT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[Ml] [OH]	[MN] [OK]	[MS] [OR]	[M [P.	
[R	-	[sc]	[SD]	[TN]	[XT]	[υτ]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[P	R j
Full	l Name	(Last nam	e first, if in	dividual)										
Bus	iness o	Residenc	e Address (Number and	d Street, Cit	ty, State, Zip	Code)							
Nar	ne of A	ssociated	Broker or E	Dealer										
Stat	es in W	hich Perso	on Listed H	as Solicited	or Intends	to Solicit Pu	ırchasers							
					**						•••••••		□ All	States
	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[11	
	L] IT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[M [P.	-
	11) R[]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[P	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s 0	s 0
	Equity -Series A Common Stock	\$ <u>4,510</u>	
	[X] Common [] Preferred	<u> </u>	<u> </u>
	Convertible Securities (including warrants)	s <u> </u>	so
	Partnership Interests	\$0	\$0
	Other—		
		\$0	\$ <u>0</u>
	Total Answer also in Appendix, Column 3, if filing under ULOE.	\$ <u>4,510</u>	\$ <u>4,510</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	11	\$ <u>4,510</u>
	Non-accredited Investors	0	\$ <u> </u>
	Total (for filings under Rule 504 only)	0	\$ <u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	0	\$0
	Regulation A	0	s0
	Rule 504	0	s0
	Total	0	\$ <u> </u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	[]	\$ <u>_</u> 0
	Printing and Engraving Costs	[]	so
	Legal Fees		\$
	Accounting Fees	[]	\$ <u> </u>
	Engineering Fees		s <u> </u>
	Sales Commissions (specify finders' fees separately)		s <u> </u>
	Other Expenses (identify)		so
	Total	[X]	S

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS (continued)

	b. Enter the difference between the aggregate offering price given in response to Part C—Question 1 and total expenses furnished in response to Part C—Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				s _			2,020
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C—Question 4.b above.							
			F	Payments to Officers, Directors, & Affiliates			Payments Other	
	Salaries and fees	[]	\$_	0	[]	S _		0
	Purchase of real estate	[]	S _	. 0	[]	S _		0
	Purchase, rental or leasing and installation of machinery and equipment	[]	S _	0	[]	S _		0
	Construction or leasing of plant buildings and facilities	[]	\$ _	<u>0</u>	[]	S _		0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	ſ 1	s	0	וז	S		0
	· · · · · · · · · · · · · · · · · · ·	٠.			()			
		•						2,020
				0				0
								2,020
	Total Payments Listed (column totals added)				-			2,020

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer or any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Eyetech Inc.	Signature J. Sith	Date September 11, 2008
Name of Signer (Print or Type) Steven B. Bettis	Title (Print or Type) President	

ATTENTION

intentional misstatements or omission of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

